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Anderson Gorecki & Manaras LLP 33 NAGOG PARK ACTON, MA 01720				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Davi J	A. Daga	(Depositor's name)	
				June C	i - Sould	(Signature)	
				Tuly 14	2009 1	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/458,190 12/09/1999		BRADLEY CAIN			120-185	8564	
TITLE OF INVENTION: EXPEDITING AN OPERATION IN A COMPUTER SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0	\$1510	08/19/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
NGUYEN, VAN H		2194	718-103000				
1. Change of corresponde CFR 1.363).  Change of correspondences form PTO/SE	ondence address (or Cha 3/122) attached.	nge of Correspondence	(1) the names of up to or agents OR, alternative	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
Number is required.	cation (or "Fee Address' 2 or more recent) attach	ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Nortel Networks Limited (B) RESIDENCE: (CITY and STATE OR COUNTRY)  St. Laurent, Que dec Canada							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) a	re submitted:	41		Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
	o small entity discount p	ermitted)	A check is enclosed.	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - #			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 141315 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	DI	2 - Dana		D-4- 1	14 14 7000	 a	
Authorized Signature David A - Day g  Typed or printed name David A - Day g  Registration No. 37809							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
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